

State EMS Advisory Board Meeting
Norfolk Waterside Marriott, Norfolk, Virginia
November 12, 2008
1:00 PM

Members Present:	Members Absent:	Staff:	Others:
Randy P. Abernathy Reverend Coan Agee Byron F. Andrews, III J. David Barrick Edward B. Bish, Jr. Jason D. Campbell Jennie L. Collins Gary P. Critzer Gary A. Dalton Kevin L. Dillard James R. Dudley, M.D. Bruce Edwards Theresa E. Guins, M.D. L.V. Pokey Harris Linda G. Johnson Cheryl L. Lawson, M.D. Linda Sayles Karen D. Wagner Carl F. Wentzel, III, M.D. Anthony Wilson Douglas R. Young	Sherrin C. Alsop Robert V. Crowder, III (Excused) May H. Fox Rao R. Ivatury, M.D. Clarence Monday (Excused) Dr. Lori Moore-Merrill Morris Reece (Excused)	Gary R. Brown P. Scott Winston George Lindbeck, M.D. Paul Sharpe David P. Edwards Gregory S. Neiman Tim Perkins Winnie Pennington Dennis Molnar Irene Hamilton Brianne Slaterry Karen Owens Jim Nogle James Burch Amanda Davis Chad Blosser Warren Short Tom Nevetral Christy Saldana	Kim Allan Karen Remley, M.D. MBA, FAAP Tina Skinner Marcia Pescitani Tracey McLaurin Jim Chandler Rob Logan Jeff Meyer Bill Downs Michael B. Player Sam Burnette Asher Brand Melinda Duncan Michelle Ludeman A. Lipscomb Ed Rhodes Dreama Chandler Lincoln Thomas Gary Samuels David Cullen Connie Purvis

Topic/Subject	Discussion	Recommendations, Action/Followup; Responsible Person
Call to Order	The meeting was called to order at 1:00 PM	
Approval of Meeting Minutes from August 8, 2008	The Chair called for approval of the minutes from August 8, 2008.	The minutes were approved as distributed.
Approval of the August 8, 2008 Meeting Agenda	<p>Ms. Wagner asked for approval of the agenda; but stated that the agenda order might deviate to allow for a presentation from Dr. Remley. Dr. Remley will be attending the meeting but has been delayed due to an unexpected meeting, and therefore will be late arriving. The agenda will be adjusted to accommodate her presentation.</p> <p>Ms. Wagner also noted that Kim Allan will be reporting for the Interim Deputy Commissioner for Emergency Preparedness and Response, Dr. Lisa Kaplowitz.</p>	The agenda was accepted with the noted deviations.

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Chair's Report – Karen Wagner	<p>Ms. Wagner noted that that the Governor has not yet made new appointments to the Board. Current board members will continue their appointment until the Governor has made the new appointments.</p> <p>The EMS Advisory Board has been mandated to update the Board of Health biannually on their actions and current missions. As such, Ms. Wagner along with some other Board members attended the October Board of Health meeting to make their report.</p> <p>Ms. Wagner gave an overview of her report to the Board of Health. Ms. Wagner's report to the Board of Health included information regarding the Medevac, Professional Development and Medical Direction committees. Ms. Wagner also conveyed the appreciation of the EMS Advisory Board at the hiring of Dr. George Lindbeck for the position of State Medical Director. Randy Abernathy also gave a summary of the PAT Committee's actions to date.</p> <p>The minutes from the Board of Health meeting can be viewed in its entirety on the Town Forum.</p>	
1st Vice Chair Report – Randy Abernathy	No report.	
2nd Vice Chair Report – Jennie Collins	No report.	
Interim Deputy Commissioner for Emergency Preparedness and Response – Kim Allan for Dr. Lisa Kaplowitz	Kim Allan gave an update on the recruitment process to replace the Deputy Commissioner for Emergency Preparedness and Response. Ms. Allan reported that they chose an applicant but the applicant declined to accept the position. Dr. Bill Nelson served as Interim Deputy Commissioner for the first three months; and Dr. Lisa Kaplowitz is serving as Interim Deputy Commissioner until the end of December. They have screened another set of applicants and are scheduling interviews.	
Office of EMS Report – Gary Brown and Staff	<p><u>EMS Symposium</u>- Mr. Brown welcomed everyone to the EMS Symposium. Mr. Brown stated that even though attendance is down for this year's Symposium, that OEMS will be awarding an approximate cumulative total of 46,800 CE hours during the conference. There is a new scanner program and if it works correctly, providers should have their updated CE records at the end of the conference.</p> <p><u>Dr. Remley</u>- Mr. Brown said that Dr. Remley will be late arriving because she was called into a budget meeting in Richmond. Mr. Brown encouraged everyone to remain at the meeting to hear Dr. Remley's presentation.</p> <p><u>Matt Cobb</u>- Mr. Brown stated that Matt Cobb or his backup Robin Kurz were also unable to attend the meeting. However, OEMS met with Matt Cobb a few weeks ago to discuss several current EMS issues. Matt will be available by phone if an issue arises that requires his input.</p> <p><u>Budget Issues</u>- Mr. Brown gave the Board an update on the current budget crisis the Commonwealth is facing. He talked about the impact of the first round of budget reductions on the Office of EMS. The</p>	

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	<p>Office of EMS did lose three positions in the budget reductions. They lost the Consolidated Test Site Coordinator position, Stroke Care Coordinator position, and the CISM Coordinator position. The CISM Coordinator position was eliminated but the program was not eliminated. Carol Morrow who was the incumbent in the CISM Coordinator position was transferred to the position of Technical Assistance Coordinator. The CISM program will be maintained within the Emergency Operations division and will be staffed by the current Emergency Operations staff.</p> <p>The Office of EMS was also required to transfer \$503,757 to the Treasury of Virginia from the Rescue Squad Assistance Fund program. Mr. Brown explained that these were carryover monies that roll back into the RSAF for re-award. The interest from these accounts will also be transferred back to the Treasury of Virginia.</p> <p>Mr. Brown reported that the OEMS Grants Coordinator, Amanda Davis is doing a more thorough job of having agencies draw down their funds rather than possibly losing the money. The Office of EMS has also changed the Return to Localities annual report cycles from April 1 to March 30 to offset reflecting a large cash balance at the end of the fiscal year.</p> <p>OEMS has been told that there will be deeper budget cuts forthcoming for FY10. The second round of budget cuts will probably be announced when the Governor presents the Budget Bill on December 17. Mr. Brown said that there is a possibility that many other programs are being looked at including Return to Localities monies for RSAF and the \$.25 that has just gone into effect July 1, 2008.</p> <p><u>Homeland Security Grant</u>- Mr. Brown reported that OEMS was awarded a 2008 Department of Homeland Security Grant in the amount of \$1,391,000 on September 2. This will be used for the EMS Registry project.</p> <p><u>EMS Town Forum</u>- A Town Forum was held in Winchester on October 23. This forum completed the scheduled sessions across the Commonwealth. There are no current plans to continue the forums; especially with the budget and travel restrictions the Commonwealth is facing.</p> <p>Scott Winston – <u>Recruitment and Retention Directory</u>- Mr. Winston reported that there is a new on line EMS recruitment and retention directory. This site will replace the former online recruitment and retention directory on the web site. This new site will have added features including the ability for agencies to post available positions.</p> <p><u>Personnel Updates</u>- Henry Bosman, the OEMS Accountant, has left OEMS and recruitment has been completed to fill the position and an employment offer is forthcoming. The Performance Improvement Specialist position has been postponed at the moment due to budget constraints.</p>	

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	<p><u>State Strategic EMS Plan</u>- The Plan was developed with the assistance of the Finance, Legislation and Planning Committee. The Plan has been approved by the EMS Advisory Board and the Board of Health. The Code requires that the State Plan must be reviewed and updated every three years; and they will be beginning that process to assure that the Plan is addressing the key issues that are facing the EMS system today.</p> <p><u>Scope of Practice</u>- OEMS has discussed the possibility of taking the Scope of Practice which includes the Medication and Procedure Schedules and incorporating it into the State EMS Plan. This would allow the Medication and Procedures Schedules to be modified on a regular and timely basis.</p> <p><u>Office of Minority Rural Health and Public Health Policy</u>- OEMS has a growing relationship over the past several years with the VDH Office of Minority Rural Health and Public Health Policy. Through this collaboration, OEMS has obtained federal grant funding through the FLEX Program. This funding is being used for a project that is assessing the EMS resources around the seven critical access hospitals; and are also doing a current assessment of pediatric capabilities in hospitals. In addition, OEMS is also looking at implementing some of the recommendations out of the State Rural Health Plan. The Office of EMS participated in the development of the State Rural Health Plan; and the plan has a greater focus on EMS.</p> <p><u>Rural EMS Summit</u>- Mr. Winston stated that there will be a Rural EMS Summit on March 10-11, 2009 in Abingdon, Virginia at the Southwest Virginia Center for Higher Education. This summit will include a basic and Train the Trainer Budget Model Workshop. The day will conclude with a round table discussion on rural EMS issues. Attendees were invited to attend.</p> <p><u>Dr. Theresa Guins</u>- Mr. Brown recognized Dr. Theresa Guins for her service to the EMS Advisory Board from 2002 to 2008. Dr. Guins will be rotating off the Board.</p>	
2007 Trends in Trauma and Emergency Medicine – Jodi Kuhn	<p>Jodi Kuhn explained that the Office of EMS is one of the few offices within VDH that is required by Code to collect data from two separate registries. OEMS gets about 1 million records a year through their Prehospital Reporting system and about 35,000 records a year through the Virginia statewide Trauma Registry. Ms. Kuhn explained that they have been collecting data from hospitals and agencies for over 10 years; and have made strides in setting up the infrastructure and creating the database schema in Oracle for storing the data. Ms. Kuhn gave an overview of the report. She told the Board that the cover of the report refers to the Medical Informatics Program; and she explained that the Division of Trauma and Critical Care has restructured the Division creating a separate data group. It not only includes the reporting of the data but also the acquisition of the data. The group consists of Ms. Kuhn along with the PPCR and Trauma Registry Coordinators. In the future, they also hope to have the Statewide Performance and Improvement Coordinator position in the group; but as reported earlier that position is currently on hold. Ms. Kuhn explained that the report is meant to summarize the two</p>	

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	registries and demonstrate patient flow. Ms. Kuhn talked about the information in the report and how and why she chose the data included in the report. Ms. Kuhn welcomed suggestions for data to be included in next year's report.	
State Medical Director – George Lindbeck, M.D.	<p>Dr. Lindbeck discussed the OMD re-endorsement project. Dr. Lindbeck explained that in 2003 regulations were passed that set some requirements for Operational Medical Director and Physician Course Director endorsements. The OMDs were given five years to meet the requirements. However, as of July 2008 when the five years were up there were still 250 OMDs out of the 330 OMDs registered who have not met the requirements. The Medical Directors were granted a one year extension until August 2009 to meet the criteria. There are new proposals in the regulations as to how they would like to handle the OMD endorsements in the future. The new regulations have maintained the five year endorsement period. Scott Winston and the Virginia College of Emergency Physicians (VACEP) have been working on an online educational opportunity for Medical Directors.</p> <p>OEMS has also been working on Scope of Practice and updating the skills and medication grids. They have also been working with the American Heart Association and other stakeholders in the Virginia Heart Attack Coalition. This project is focused on improving Stemi care in the EMS community and in hospitals. Dr. Lindbeck said that an EMS survey is currently being distributed, and they would appreciate agencies completing the survey.</p> <p>Dr. Cheryl Lawson asked Dr. Lindbeck to clarify if the on-line course for OMD re-endorsements would be the only requirement. Dr. Lindbeck clarified that the on-line course will not be all that is required. New Operational Medical Directors would get a conditional endorsement after completing the on-line program. They would then need to attend a Hot Topics course within the next year. In order to be re-endorsed, Medical Directors would need to maintain the basic criteria and every five years attend two Hot Topic courses.</p>	
Office of Attorney General – Matt Cobb	No report.	
Process Action Team (PAT) – Gary Critzer	<p>On October 7, the PAT completed their seventh meeting. There is a facilitated work session scheduled on November 20 and 21 in Waynesboro at the Best Western Inn and Suites Conference Center. The work session will be facilitated by Tyler St. Claire from the Weldon Cooper Center for Public Service at UVA. Ms. St. Claire has done work at very high levels of state government, including Governor Warner's cabinet and leadership team. The hope is that the facilitated work session will conclude with a decision that can be presented to the Board at the February meeting.</p> <p>Mr. Critzer distributed a letter to the Board that will be sent to the Process Action Team and that will be sent to Dr. Remley. Mr. Critzer read the letter that he drafted to the Board. Mr. Critzer asked that the letter be included as part of the official minutes of this meeting.</p> <p><i>Memorandum</i></p>	

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	<p><i>To: The Regional Council Process Action Team (PAT)</i></p> <p><i>From: Gary P. Critzer, Chair Process Action Team, Member State EMS Advisory Board</i></p> <p><i>CC: State EMS Advisory Board; Dr. Karen Remley, Commissioner VDH; Gary R. Brown, Director OEMS</i></p> <p><i>Date: November 10, 2008</i></p> <p><i>Re: PAT Information Update</i></p> <p><i>Ladies and Gentlemen,</i></p> <p><i>I wanted to bring you up to date on some recent activities involving the PAT and some serious concerns that I have. It seems that one of our regions has recently taken it upon themselves to ignore prior commitments to not involve the legislature and allow the PAT process to complete, thereby circumventing the PAT and even further complicating the process.</i></p> <p><i>There was a recent meeting between Delegate Morgan, representatives from the PEMS Council, Dr. Remley, and OEMS staff. The meeting was called by Delegate Morgan after he received concerns from PEMS. According to the information that I have received there were numerous accusations made about the PAT process, some of which were entirely incorrect. I understand that it was stated that OEMS is driving the PAT process. I take exception to that premise. This chair has been committed from the time that I accepted the position to maintaining an open process that was inclusive of all aspects of the system. A process that left no stone unturned and one that gave everyone an opportunity to have their voices heard.</i></p> <p><i>I believe that we went into the process with an open mind and with no preconceived position on an outcome. It is unfortunate that some think that either the chair or the PAT as a whole is being-led under the puppeteering efforts of the Director and staff of OEMS. I believe none of us are easily manipulated by anyone and are fully capable of making informed decisions on our own.</i></p> <p><i>At no time during this process has Gary Brown or any other member of OEMS attempted to direct the path or sway the decisions that the chair was taking with the PAT. If you remember the first meeting of the PAT, I made it clear that this was not going to be a simple or quick process but one that was going to take the time that it deserved to be thorough and develop a consensus for what was best for the Virginia EMS system as a whole, not necessarily what was best for one group or area.</i></p> <p><i>I asked everyone to come into this process with an open mind and consider all aspects of the information they would receive before developing a final position. We have spent a great deal of time collecting information and hearing about all aspects of the system. I know that for some this was redundant information but for others it was not. I have had several members of the PAT state, "Wow, I had no idea". I want to make it clear that my position on how this process should go does not mean that I am negative about regional councils? I am not. After all, I have been board president of CSEMS for nineteen years. If that doesn't</i></p>	

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	<p><i>show some loyalty to a regional council I'm not sure what does. What my position does represent is that I am open minded and objective and I am of the opinion that we need to take a comprehensive look at all aspects of the system before ruling anything out.</i></p> <p><i>The current system has been in place for over 30 years. To say that it shouldn't be evaluated for efficiencies and effectiveness would be an extremely poor business practice. Does one think that business and government operate the same way now as they did thirty years ago? I can assure you that we are reaching a point where if we as a system are not willing to take a look at ourselves then someone will do it for us. This has been our opportunity to set our own destiny.</i></p> <p><i>There was also criticism expressed of the upcoming facilitated work session and an attempt was made to stop it, along with the entire PAT process. Let me make it perfectly clear that the facilitated work session was my idea and my idea alone. I simply requested approval from Mr. Brown and OEMS to conduct the session from a funding standpoint only. I am of the opinion that we have collected all of the necessary information and that now is the time to use an unbiased facilitator to put it all together and attempt to develop consensus. I see us being finished with this process and having a final report for the Advisory Board, Dr. Remley, and the Board of Health by the end of the facilitated meeting or at the most, with one or two additional meetings. I plan to be prepared to deliver the final report to the GAB at the February 2009 meeting.</i></p> <p><i>Concerns were also expressed that the regions would not be represented in pre-workshop planning meetings with the facilitator. That is not accurate. Dave Cullen, the Chair of the Regional Council Executive Director's Group and representative to the PAT, was invited and did attend. The meeting included Mr. Cullen, Tim Perkins from OEMS, and this chair. There was only one other meeting with the facilitator and that was with me alone.</i></p> <p><i>It also concerns me that there were some comments in the meeting that PEMS had repeatedly made the same report and recommendations to the PAT and that the PAT wouldn't listen to them or follow their recommendations and that we kept questioning them. Two members of the PAT were accused of being "rude" because they questioned parts of the reports. I must have missed the rude part, but if asking the hard questions is considered rude then so be it.</i></p> <p><i>I think it needs to be made clear that the PAT was assigned the responsibility of collecting as much information as possible and asking the questions necessary to develop a position. It is the job of the PAT to evaluate the information presented and determine what is and is not working and what needs to be changed or left the same and develop a final report and recommendation. It is not the job of the regions to do that. If we were to simply accept the recommendation of each of the</i></p>	

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	<p><i>regions and leave it at that, we don't need a PAT in the first place. I would hope that self evaluation is not the preferred method for evaluating the regions. While it should be part of the process it shouldn't be the sole defining factor in the outcome.</i></p> <p><i>It sometimes takes an outsider's perspective to generate positive change. It's not always easy for us to ask the hard questions of ourselves. All that said, does this mean that our regions are not doing good things? Absolutely not. What it does mean is that we have lots of positive things happening in the regions but we also have some areas that need improving. This process should be an attempt to strengthen our regional system, to share best practices, polices, and procedures, to share resources and to develop some across the board service efficiencies. We also cannot overlook the need to evaluate cost efficiencies given the current state of our national economy and budget deficits at all levels of government.</i></p> <p><i>One final concern is what I perceive to be a lack of respect. In attendance at this meeting with Delegate Morgan were two current members of the Advisory Board. At no time was the chair of the PAT ever contacted by phone or email by either of these members to ask questions, clarify issues or express concerns about the PAT process. This, in my opinion, is not how we as fellow advisory board members should conduct ourselves. It goes against the Advisory Board Code of Ethics that we all agreed to. It is clearly not in the best interest of the system and is a mechanism that causes distrust and a potential division on the board. We don't need advisory board members running to their legislators every time they get an answer they don't like. That is clearly not what we want for Virginia. As an Advisory Board member we all need to be thinking bigger than just individuals and their respective areas. We need to be thinking and acting on a system level.</i></p> <p><i>My recommendation to Dr. Remley has been that the facilitated work session be held as planned and I am taking steps to that end. I am of the opinion that too much work has been done to stop now and we are so close to being finished. To cease our efforts would be an injustice to the system. However, I do feel very strongly that if we are forced to cancel the facilitated work session that we should also abandon the PAT process entirely, advise the Board of Health that we have done so and let them, who have the ultimate authority for designation of Regional Councils, do what they deem appropriate.</i></p> <p><i>I want to thank you for indulging my lengthy correspondence and apologize in advance if I have insulted or offended anyone. I am passionate in my desire to attain what is best for EMS in this Commonwealth. I continue to be committed to this process and fully believe that we can deliver a product that is good for all of Virginia, if just given the opportunity without unnecessary and unwarranted interference.</i></p> <p><i>Please feel free to contact me if you have any questions or comments.</i></p>	

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	<p>Following the reading of the letter, Dr. Cheryl Lawson identified herself as one of the attendees at the meeting. She explained that she feels it is her right as a citizen to contact her legislator if she deems it appropriate. Dr. Lawson clarified that Delegate Morgan actually contacted them because he set up the meeting because he had heard concerns coming from the region. Dr. Lawson stated further that she has attended two PAT meetings. She stated that she was disturbed at the PAT meeting in Hampton by some comments made by Dr. Kaplowitz regarding the PEMS and TEMS regions and their hospital systems. Dr. Lawson explained that her region felt that they were not being heard and that was one of the reasons for Delegate Morgan requesting the meeting with the Commissioner.</p> <p>Randy Abernathy reminded the Board that their challenge is to make sure that they make the best decisions for the EMS system. Mr. Critzer said that his only comment to Dr. Lawson was that he would have appreciated a phone call regarding the scheduled meeting.</p> <p>Dr. James Dudley stated that he was also in attendance at the meeting and apologized to the Office of EMS and the Board for any misconceptions that came from that meeting. Dr. Dudley said his perception is that it was Delegate Morgan's interest to make sure that the process was moving forward in an unbiased fashion.</p>	
Awards Selection Committee – Karen Wagner	Ms. Wagner said that her report will be announced on Saturday night when the Governor Award winners are announced at the annual banquet.	
Communications Committee - Gary Critzer	The Communications Committee is scheduled to meet on Thursday, November 13 at the Sheraton at 12 noon. They are continuing work on the grants compendium for the communications grant. They are also continuing work on the interoperability portable radios. They are waiting on funding for that project. They are continuing to work on the accredited PSAP program.	
CISM Committee - Linda Johnson	<p>Ms. Johnson referred to Karen Owens to make the report. Ms. Owens reported that she has accepted the role of filling the tasks of the CISM Coordinator. In the committee meeting, they discussed that as a result of the budget the 2009 CISM Conference has been cancelled but a mini CISM track will be offered at the Symposium. They will be sending a mailing out to all 2008 CISM Conference attendees.</p> <p>Ms. Owens then reported on the CISM Ad Hoc Committee to review the effectiveness and efficiency of the CISM Program in Virginia. The committee which Ms. Owens chaired was composed of three mental health professionals, Faith Smagalski, PEMS Team, Dr. Vince Rose, Gloucester County Sheriff's Office, and Vickie Taylor from Prince William County, Carol Morrow and Jim Nogle. They were tasked at looking at whether the system is good in terms of it effectiveness, it efficiency and whether CISM is a proven method in crisis intervention. Ms. Owens distributed a handout outlining the Findings, Committee Opinions, and Suggested Actions for the CISM program.</p> <p>Ms. Owens stated that the Mitchell Model is one of the most well know models in Virginia and in the country. However, in Virginia CISM teams don't follow the Mitchell Model entirely. In Virginia,</p>	

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	<p>CISM teams modify the model to fit the needs of the system. Across the state, CISM teams use different resources and different intervention methods to help their EMS responders. The committee concluded that the structure of the system does not lend itself to following the true scientific research method in terms of data collection and ethical approval of a research study. The committee was also concerned that there are so many components in a study of CISM. The committee also had concerns with effective long term follow-up due to the confidentiality issue.</p> <p>Some of the suggested actions included maintaining a CISM program but focusing on Crisis Intervention; creating a Guidance Document that provides an overview of the different intervention techniques and information on creating strong protocols and guidance for creating a team. Additional suggested actions were to recommend minimum pre-incident training requirements; creating Job Aides to assist teams in choosing the right method for a situation; recognizing other intervention techniques and trainings offered across the country; as well as to continue to study the research and stay informed of on-going studies of the efficacy of CISM and a continuous review of Virginia's system.</p> <p>Jennie Collins stated that being from an agency that has had a few line of duty deaths that the mounting evidence that has come out about debriefings is pretty profound. She also said that if they are charting the course for Virginia and there is not an objective review of exactly what will be included in Virginia's program to look at this evidence and change the model in light of the evidence that is coming out would be a disservice to our community. Attention has to be paid to continuing with a program of debriefings that the military has shown is doing more harm than good. Ms. Collins asked in Virginia what we are doing specifically about the curriculum and debriefings in general. Ms. Owens said that the committee has agreed that there needs to be more research.</p> <p>Ms. Collins asked what the next step is for the Ad Hoc Committee. Ms. Owens reported that the Ad Hoc Committee is working on a draft Guidance Document that sets forth the standards they would like to see in place, and they will ask Office of EMS for approval. They will be meeting again to determine their next steps. Ms. Collins asked about a timeline for reporting back to the Board; and Ms. Owens said the committee will be reporting back to the Board at the February meeting.</p>	
EMS Emergency Management Committee - Bubby Bish	<p>Mr. Bish reported that the committee created a mission statement for the EMS Emergency Management Committee at their last meeting. Mr. Bish read part of the newly created mission statement. The statement can be read in its entirety in the minutes from their meeting; or may be obtained from Winnie Pennington. Karen Owens introduced the committee to the proposed national standard of triage. The committee will be reviewing it and making comments. Due to the budget constraints, the committee will cut back their meetings to two meetings a year. The meetings are scheduled the first Thursday in April and the first Thursday in October. The committee will still be working by email and telephone.</p>	
Emergency Medical Services for Children – Theresa Guins, M.D.	<p>The EMSC committee met on October 16. The Virginia EMSC program underwent an in-dept performance review by officials of the Health Resource Service Administration (HRSA). They are continuing to give them assistance in reaching the federal mandates, including the mandate to begin an</p>	<p>Dr. Guins will ask her successor to distribute the reports to the Board when they are available.</p>

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	<p>assessment of the hospitals in Virginia to assess their capabilities for caring for ill and injured pediatric patients. This will be a long process and they will keep the Board updated on progress. The committee is continuing their goals and educational efforts in terms of the mandatory reporting law that goes into effect January 1. There are several classes offered at Symposium regarding the new law. Dr. Guins also updated the Board on a question brought forth by Ms. Collins at a prior meeting in regards to the updated mortality report from the Office of Chief Medical Examiner. Dr. Guins followed up and learned that a report was not produced in 2008. They will have two reports in 2009.</p> <p>The next meeting is scheduled January 8 in Richmond.</p>	
EMS Workforce Development Committee - Kevin Dillard	<p>The committee has not met recently and has no report.</p> <p>Karen Wagner reported that Carol Morrow will be staffing the EMS Workforce Development Committee beginning in January.</p>	
Finance, Legislation & Planning Committee - Gary Dalton	<p>The Financial Legislation & Planning Committee met earlier in the day. Work will begin on the EMS Plan immediately and Mr. Dalton thanked Scott Winston for having it posted on the OEMS web site. The committee will have a report along with some recommendations at the February meeting. The group agreed to request all members of the EMS Advisory Board to alert the FLAP to any proposed legislation they may hear of that directly or indirectly affects EMS.</p> <p>The committee discussed proposed legislation that was presented at the October 9, 2008 Legislative Summit hosted by the Virginia Fire Service Council.</p> <ol style="list-style-type: none"> 1. The appointment of a representative from EMS to the Virginia Board of Health – effort being pushed forward. 2. Legislation being presented on the sale of novelty lighters. 3. Legislation to address deemed consent concern of the Ryan White Act. 4. Budget amendment being brought forward to return the interest money that was taken from the Rescue Squad Assistance Fund. <p>Mr. Dalton brought forth two action items on behalf of the committee.</p> <p>The Chair opened the floor for discussion following the motion. Mr. Dalton explained that the since the Office of EMS has already submitted budget reductions at the 5, 10 and 15 percent levels, they feel that if additional revenue cuts are being considered they would request some dialogue before the decisions are made. Jennie Collins stated that she doesn't disagree to this request, however, she questioned whether this would be a feasible option with the history of timing of how some of the questions arrive from the Governor's office. Ms. Collins asked Gary Brown if timing would be feasible to allow discussions. Mr. Brown agreed that timing would be a problem. Mr. Brown said that it might be impossible for that to occur; but he did comment that it would be the appropriate protocol to send the letter to Dr. Remley and not going above the Health Department to address their concerns. Mr. Brown</p>	<p>MOTION: The State EMS Advisory Board write a letter to the Commissioner of health requesting dialogue with the Office of EMS, EMS Advisory Board and Commissioner of Health prior to any reductions in funding to the Virginia EMS System beyond those presented by OEMS in their budget reduction plan.</p>

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	<p>said that he was confident that Dr. Remley would keep EMS in the dialogues.</p> <p>Hearing no more discussion, the Chair called for the vote.</p> <p>Mr. Dalton also brought forth a second action item.</p> <p>The Chair opened the floor for discussion. Mr. Dalton explained that it has come to the attention of the FLAP Committee that there is proposed legislation that would add sirens to private owned vehicles as well as additional lighting.</p>	<p>VOTE: YEAS = 21; NAYS = 0; ABSTENTIONS = 0 THE MOTION WAS CARRIED UNANIMOUSLY.</p> <p>Ms. Wagner said she would consult with the Executive Committee of the Board and take charge of making sure the letter is written and sent to the Commissioner within the next 10 days.</p> <p>MOTION: The Finance, Legislation Planning Committee recommends the State EMS Advisory Board go on record opposing any legislation that would allow additional lights and sirens on privately owned vehicles.</p> <p>VOTE: YEAS = 21; NAYS = 0; ABSTENTIONS = 0</p>

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Financial Assistance Review Committee - Amanda Davis	<p>The FARC Committee will meet on Thursday, November 13 at 10AM. Ms. Davis stated that quotes will be required for all grant requests for the March 15 grant cycle. Ms. Davis shared stats for the cycle that ended on September 15. They had 117 agencies requesting items for approximately \$6.6 million. There will only be about \$3.5 million awarded this cycle, which is down from the figure quoted in the quarterly report of a little over \$4 million. The amount has been reduced due to the budget cuts. Ms. Davis also reported that ambulance requests were over \$3 million this cycle and over 40 percent of the requests were for communications. The committee is still working on the web based RSAF program. They have hired the Business Analyst, and they hope to have a complete web based system in place by late 2009 or early 2010.</p> <p>Ms. Davis also reported that the 2009 DHS process will begin in December. VDEM and OCP have organized a workshop that will take place December 10 and 11. They have invited all of the Regional Preparedness Advisory Committee Chairs to attend the meetings. Ms. Davis and Ken Crumpler will be attending the meetings. Gary Critzer mentioned the grant compendium that they are working on; and Ms. Davis reported that she has been working on this along with Pokey Harris of VITA and the Interoperability Coordinator from OCP. They have entitled this compendium Virginia Communications Index for Public Safety (VCIPS). They hope to have a demo in the next couple of months.</p>	
Medevac Committee - Bruce Edwards	<p>Mr. Edwards reported on the Medevac Retreat held on October 3. Mr. Edwards said that it was highly successful and stated that Dr. Remley jump started the process. Mr. Edwards referred the Board to Appendix C of the Quarterly Report to get details of the Retreat. The committee met earlier today and they talked about various issues. They have decided to have a Goal Setting workshop on January 9 in Richmond. They will then establish smaller workgroups to work on components of the Strategic Plan throughout the year. Mr. Edwards invited Dr. Dudley to sit on the committee as the OMD representative; and Dr. Dudley accepted the invitation. There are still two vacant positions. Mr. Edwards said that he has asked VHHA to give them the name of a hospital administrator to sit on the group and when the appointments are made they will get the consumer representative to the Advisory Board to sit on the committee.</p> <p>Following the Goal Setting workshop, the next committee meeting will be the day before the EMS Advisory Board meeting.</p> <p>Ms. Wagner thanked and acknowledged Bruce Edwards for the accomplishments made with the Medevac Committee.</p>	
Medical Direction Committee - James Dudley, M.D.	<p>Dr. Dudley reported that the committee met on October 16. The committee voted to support a grant application for a research study on the use of ultrasound by prehospital personnel. This is a study that Dr. Barry Knapp from Norfolk is proposing to undertake. Dr. Dudley talked about another effort of the American Heart Association, the Medical Emergency Response Plan (MERP). These are plans that organizations can adopt in order to develop in house medical response plans. The committee endorsed that product. Dr. Dudley brought forth a motion for the EMS Advisory Board to endorse this plan.</p>	<p>MOTION: The EMS Advisory Board endorses the concept of the Medical Emergency Response Plan for adoption by organizations throughout the Commonwealth</p>

Topic/Subject	Discussion	Recommendations, Action/Followup; Responsible Person
	<p>Tom Nevetral from the Office of EMS was asked to clarify the endorsement that the American Heart Association is seeking from the EMS Advisory Board.</p> <p>Mr. Nevetral explained that this is a joint project between the Virginia Department of Health, Cardiovascular Disease Prevention and the American Heart Association and it addresses the lay public, public access defibrillation, a template for how to activate 911. It is a program that the Virginia Department of Health wanted to put together in case someone from the lay public requested this starting point. There are no protocols involved; it is just addressing how to have some sort type of minimal plan. Since the program was coming from the Virginia Department of Health, the American Heart Association wanted the Medical Direction Committee to look at it and ensure the program. They also wanted the EMS Advisory Board to endorse this for the Virginia Department of Health.</p> <p>The committee had another discussion in regards to the Scope of Practice. Dr. Dudley reminded the Board that the Medical Direction Committee several meetings ago had decided to adopt the National Scope of Practice. When it became apparent that this was not consistent with the wishes of most of the Commonwealth's stakeholders or the operational needs of many rural and municipal agencies, they reconsidered their position. The committee voted to adopt the National Scope of Practice with the inclusion of the Intermediate level but recommended that the level be discontinued at the end of 2014. They reviewed that issue again at their last meeting, and the committee passed a motion to support the Intermediate level with respect to training through the year 2014; and thereafter not to support additional training of new Intermediate beyond 2014. Dr. Dudley said that even though it was not in the motion that the committee passed there was discussion and consensus that Intermediates that were certified by the end of 2014 should be supported throughout the rest of their careers. Dr. Dudley said that it was not an unanimous decision on the part of Medical Direction Committee; and said that there is no doubt in his mind that each of the Medical Directors who serve on the committee wants what is best for the system. The majority of the group felt that the patients in the Commonwealth would be better served if there was a paramedic on every ambulance.</p> <p>Kevin Dillard stated that the Fire & EMS system in the Commonwealth has been vocal that EMS should continue with the EMT-I program. Therefore, Mr. Dillard brought forth a motion that they refer this back to the Medical Direction Committee and have them reevaluate their recommendation. The motion was seconded by Bruce Edwards.</p> <p>Jason Campbell said that he wanted to make an amendment to Kevin Dillard's motion that they reject the position of the Medical Direction Committee and have the Office of EMS maintain the curriculum, the testing, the certification and the recertification of the EMT-I indefinitely.</p> <p>The Chair stated that the information being brought forward by Mr. Campbell was not inconsistent with</p>	<p>when appropriate.</p> <p>VOTE: YEAS = 21; NAYS = 0; ABSTENTIONS = 0 THE MOTION CARRIED UNANIMOUSLY.</p> <p>Ms. Wagner said that they will draft support and send that to the American Heart Association.</p> <p>Dr. Dudley said they will include a copy of this product in the next Quarterly Report.</p> <p>MOTION: Refer back to the Medical Direction Committee to reevaluate their stance on the EMT-I Sunset</p>

Topic/Subject	Discussion	Recommendations, Action/Followup; Responsible Person
	<p>what the Office of EMS has recommended and what the Board had asked at their last Board meeting. Therefore, Ms. Wagner questioned if it would be more appropriate and consistent with Kevin Dillard's motion to ask the Medical Direction Committee to re-evaluate their decision.</p> <p>There was a lot of discussion as to how the motion should be worded. The Chair asked Kevin Dillard if he would feel comfortable with the language that Jason Campbell has brought forth in his motion. Kevin agreed to withdraw his motion and accept the motion being brought forward by Jason Campbell.</p> <p>Jason Campbell reread his motion and it was seconded by Byron Andrews.</p> <p>Hearing no additional discussion, the Chair called for the vote.</p> <p>Dr. Dudley said that the minutes from the committee will be posted on the web site. The next meeting is January 8, 2009.</p>	<p>Clause for 2014. MOTION WITHDRAWN.</p> <p>MOTION: The Office of EMS maintain the curriculum, testing, certification and recertification of the EMT-I 99 indefinitely and thereby the EMS Advisory Board reject the position of the Medical Direction Committee to eliminate the certification and subsequent recertification at the conclusion of 2014.</p> <p>VOTE: YEAS = 20; NAYS = 1; ABSTENTIONS = 0 THE MOTION CARRIED.</p>
Nominating Committee - Carl Wentzel, M.D.	<p>Dr. Wentzel said that the nominations will be brought forth to the Board after the Governor has made his appointments to the Board. Dr. Wentzel clarified that the Nominating Committee has put out their slate of officers and does not plan to restart the process. The only positions that the Nominating Committee will reconsider is for nominees who are not reappointed.</p> <p>Ms. Wagner reminded the Board that they would still have input because they can bring forth nominations from the floor.</p>	
Professional Development Committee - Randy Abernathy	<p>The committee met on October 8. Mr. Abernathy reported that the EMS Instructor Credentialing Committee has made a recommendation that was sent out for comment. The committee received a lot of comment; and as a result they have another proposal on the table that has significantly reduced the scope of the original proposal. They are asking the individuals to go the web site and take a look at the proposal and make any comments to Gregory Neiman by December 1 so that they can finalize and bring it back to the Board for a vote in February.</p> <p>Their next meeting is January 9.</p>	
Regulation and Policy Committee - Jennie Collins	<p>Ms. Collins referred the Board to page 31 of the Quarterly Report. The committee was previously informed that the draft regulations needed to go to the Attorney General's office for review prior to them going to the Board of Health for approval and before going out for public comment. That direction has been changed, and they do not need to wait for the AG's opinion. The committee has a final work session on December 8, and they will go through the package one last time. The package</p>	

Topic/Subject	Discussion	Recommendations, Action/Followup; Responsible Person
	will be presented to the Board of Health at their January meeting; and if approved will then go out for public comment. The committee will be working on the public hearing dates and locations at the December meeting.	
Transportation Committee - David Barrick	<p>The Transportation Committee met on October 20 to do RSAF grant reviews. Prior to doing the grant reviews, the committee had an update on the State Ambulance contract. All of the perspective bidders did not meet the State Ambulance bid specifications. OEMS Staff has been meeting with DGS, and they now have a special DGS liaison giving them guidance on how to proceed. There is a special call meeting of the Transportation Committee on December 17 to discuss how to proceed with the State Ambulance contract.</p> <p>The committee reviewed 35 requests for ambulances and that was forwarded on to the Financial Assistance Review Committee.</p>	
Trauma System Oversight & Management Committee - Paul Sharpe	<p>Mr. Sharpe reported that the committee met the first week in September. They have had several Trauma Center site reviews this year. Dr. Remley joined them for a review; and it was the first time since 1981 that a State Health Commissioner has attended a Trauma Center site review.</p> <p>Mr. Sharpe reported that a new Level II Trauma Center, Mary Washington Hospital in Fredericksburg was designated in September.</p> <p>The next meeting is the first week of December. They will have a lot of new potential members coming up because they have had several trauma personnel who have left their positions.</p>	
State Health Commissioner – Dr. Karen Remley, Md, MBA, FAAP	<p>Dr. Remley said that she enjoys being in the company of EMS because they are passionate about their work and commitment to EMS.</p> <p>Dr. Remley stated that the Department of Health is restarting the process to find a new Deputy Health Commissioner for Emergency Preparedness and Response.</p> <p>Dr. Remley told the Board that the Commonwealth and the Health Department will have some very difficult budget decisions to face in the near future.</p> <p>Dr. Remley gave a presentation on infant mortality. Dr. Remley explained that this is a passion of hers and she wants the audience to help her by getting the presentation out to their schools and churches and workplaces. Dr. Remley’s presentation discussed the causes for infant mortality and prevention methods for reducing infant mortality. The presentation also discussed the long range effects of infant mortality. Dr. Remley also talked about signs and things EMS providers can do to help prevent infant mortality.</p>	
Regional EMS Council Executive Directors - Dave Cullen	Mr. Cullen reported they have two regions undergoing an audit through the Virginia Department of Health. Mr. Cullen said it is a normal, routine action. The Regional Directors will be meeting in Staunton at the Central Shenandoah Office on Wednesday, November 19.	

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PUBLIC COMMENT	<p>Wayne Putnam Chief Operating Officer of Physicians Transport spoke to introduce an organization that is coming together in the Commonwealth called CPAP. Commonwealth Private Ambulance Providers. There is about 30 agencies that have gotten together to try and better identify their needs and market themselves to EMS and get them to know what they are doing. They plan to be at the meetings and hope to work with EMS.</p> <p>Ms. Wagner said that the group has contacted the Office of EMS about securing a seat on the Board. She has asked that they present their constitution and bylaws, a current list of their membership rosters and their current officers and their articles of incorporation with the state so that the Board will be able to review the information. Ms. Wagner has asked the Executive Committee to review the information and they will bring a report back to the Board at the February meeting.</p>	
OLD BUSINESS	None	
NEW BUSINESS	None	
2009 EMS Advisory Board Dates	February 13, 2009; May 15, 2009; August 7, 2009; and Wednesday, November 11 at the EMS Symposium. The locations of the meetings will be announced later.	
Adjournment	The meeting was adjourned at 4:23 PM	
Next Meeting	February 13, 2009 – the location will be announced later.	